

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SERIAL NO.

10/509824

HEARING DATE

WILSON/ALVAREZ
National Stage Processing

OFFICE/UNIT(S)

PATENT/INVENTION

INVENTOR NAME

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61						
2		/					62						
3		/					63						
4		/					64						
5		/					65						
6		/					66						
7		/					67						
8		/					68						
9		/					69						
10		/					70						
11		/					71						
12		/					72						
13		/					73						
14	/						74						
15		/					75						
16		/					76						
17		/					77						
18		/					78						
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26		/					86						
27		/					87						
28	/						88						
29		/					89						
30		/					90						
31		/					91						
32		/					92						
33		/					93						
34		/					94						
35	/						95						
36		/					96						
37		/					97						
38							98						
39							99						
40							100						
41							TOTAL IND.		↓		↓		↓
42							TOTAL DEP.		←		←		←
43							TOTAL DEP.		←		←		←
44							TOTAL CLAIMS						
45													
46													
47													
48													
49													
50													
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	33	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	37						TOTAL CLAIMS						